



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name COMMITTEE TO ELECT JOE ARROWOOD	
2. Acronym or Abbreviated Name (if any) NONE	3. Committee Telephone Number ()
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 7096 ENGLISH OAK DRIVE	
5. City, State, ZIP Code NOBLESVILLE, INDIANA 46062	6. Party Affiliation (if applicable) REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) JOSEPH ARROWOOD	8. Party Affiliation or If Independent Candidate —
9. Office Sought (Include district number, if any. Not required for exploratory committee.) NOBLESVILLE TOWNSHIP BOARD	10. County of Residence HAMILTON

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention	
12. Reporting Period: From: APRIL 12, 2014 Through: OCTOBER 10, 2014	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	86.85	
14. Cash on hand and investments January 1, current year.		500.00

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	
15a. Itemized (use Schedule A)	
15b. Unitemized	
15c. Add lines 15a and 15b in both columns	SUBTOTAL
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL
	500.00
	500.00

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)	
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	
17b. Unitemized	
17c. Add lines 17a and 17b in both columns	SUBTOTAL
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL
	493.40
	493.40
19. Debts OWED BY the committee (use Schedule D)	
20. Debts OWED TO the committee (use Schedule E)	
	6.60
	6.60
	-0-
	-0-

CERTIFICATION

I, **TREASURER**, certify that the foregoing is a true and correct statement of my knowledge and belief it is true, correct and complete.

Title **TREASURER** Date **10/6/2014**
Date **10/16/2014**

for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly person who fails to file a complete or accurate report as required by the Indiana and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

PEGGY BEAVER
OCT - 7 PM 1:32



INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. JOE ARROWOOD 7096 ENGLISH OAK DR NOBLESVILLE, IN. 46062 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	- 0 -	500.00	1/1/2014
2. Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3. Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4. Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5. Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ - 0 -		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ - 0 -		



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(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

FILE NUMBER

Page 1 of 1

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>		RECIPIENT'S OCCUPATION OFFICE SOUGHT <i>(if applicable)</i>	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____	JOE ARWOOD 7096 ENGLISH OAK DR. NOBLESVILLE, IN 46062		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>(4/23/14 - Logan Street Signs + Banners)</u>	*80.25	493.40	4/23/14
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>(Signs = \$80.25)</u>			
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B				\$ 80.25		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>				\$ 493.40		